

Please see the coverage summary for October 2024 new drug codes below:

Not covered experimental and investigational for Commercial:

C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose
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New to Market not covered unless prior authorized for Commercial

J0175	Injection, donanemab-azbt, 2 mg
J9329	Injection, tislelizumab-jsgr, 1mg
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg

New to Market not covered unless prior authorized for ACO:

C9169	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram
J0175	Injection, donanemab-azbt, 2 mg
J9329	Injection, tislelizumab-jsgr, 1mg
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg

New to Market not covered unless prior authorized for Medicare Advantage:

J0175	Injection, donanemab-azbt, 2 mg
J9329	Injection, tislelizumab-jsgr, 1mg
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg

Prior authorization required for Commercial:

C9169	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram
C9170	Injection, tarlatamab-dlle, 1 mg

Prior authorization required for ACO: Coverage Effective 11/12/2024

C9169	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram
C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose

Prior authorization required for Medicare Advantage:

C9169	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram
C9170	Injection, tarlatamab-dlle, 1 mg
C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose, Coverage Effective 11/12/2024
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg

No prior authorization required for Commercial:

J0138	Injection, acetaminophen 10 mg and ibuprofen 3 mg
J1171	Injection, hydromorphone, 0.1 g
J1749	Injection, iloprost, 0.1 mcg
J2002	Injection, lidocaine hcl in 5% dextrose, 1 mg
J2003	Injection, lidocaine hydrochloride, 1 mg
J2004	Injection, lidocaine hcl with epinephrine, 1 mg
J2252	Injection, midazolam in 0.8% sodium chloride, intravenous, not therapeutically equivalent to j2250, 1 mg
J2253	Injection, midazolam (seizalam), 1 mg
J2601	Injection, vasopressin (baxter), 1 unit
J8522	Capecitabine, oral, 50 mg
J8541	Dexamethasone (hemady), oral, 0.25 mg

No prior authorization required for ACO:

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